Form 990°

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**12**

Open to Public

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

7	A I	For the	2012 ca	lendar year, or tax year beginning , and end	ing	
ī	ВС	heck if a	pplicable	C Name of organization OCSEA AFSCME LOCAL 11 Political Action Fund	D Employer iden	ification number
	_ A	ddress (hange	Doing Business As	45-0469687	
Ī	٦ĸ	ame cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone num	ber
ř	=	utial retu	-	390 Worthington Road	(614)965 3644	
ř	₹	eminate		City, town or post office, state, and ZIP code	(614)865-2644	
F	=			Westerville OH 43082	G Gross receipts	170,395
늗	=	mended				
L	^ ^	pplicatio	n pending		(a) Is this a group return for	
-				CHRISTOPHER MABE 390 WORTHINGTON ROAD, SUITE A, WESTEL H		
	Ta	ıx-exem	pt status	501(c)(3) 501(c) (If "No," attach a list (see	e instructions)
_	J W	ebsite	: ▶ n/a	H	(c) Group exemption number	er 🕨
1	K Fo	orm of or	ganization	Corporation	f formation 1979 M	State of legal domicile OH
		art I		mmary	1070	
		1			CSEA Political Action	Comittee is an
		•	-	prated non-profit committee organized and operated primarily for the purpose		
	e			ments to influence or attempt to influence the selection, nomination, election		
	Jan			ffice and the passage or non-passage of initiative petitions and legislation		JIVIGGBIS (O
	Activities & Governance	2				
	ဝိ	2 3	Number	his box • In the organization discontinued its operations on disposed of of voting members of the governing body (Part VI, line 1a).	moreguan 25% of its	net assets
	S.	A	Number	of independent victing members of the governing hady (Bert VII like 1h)	0/13	7
	vitie	5	Total nu	imber of individuals employed in calendar year 2012 (Part V, line 2a) OGC	JEN. UT -5	0
	\cti	6	Total nu	imber of individuals employed in calendar year 2012 (Fart V, line 2a) 5G	6	+ 7
	`	7a	1 Otal Ha	related business revenue from Part VIII, column (C), line 12		0
-		b		elated business taxable income from Form 990-T, line 34	7b	
			TVOC GITT	Stated business taxable meeting from 1 orm 555 1, line 54	Prior Year	Current Year
		8	Contribu	utions and grants (Part VIII, line 1h)	168,915	
	Revenue	9		n service revenue (Part VIII, line 2g)		0 0
	eve	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	(0
	œ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(0
		12		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,915	170,395
ୁ		13		and similar amounts paid (Part IX, column (A), lines 1–3)		0
SCANNED		14	Benefits	paid to or for members (Part IX, column (A), line 4)	(0
Z	s.	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	(0
2	Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)	(0
	xbe	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ▶0		
	ш	17	Other ex	kpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,333	3 292,755
JUL		18	Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,333	3 292,755
_		19	Revenu	e less expenses Subtract line 18 from line 12	138,582	
	s or				Beginning of Current Year	
6	Sala	20		sets (Part X, line 16)	145,869	23,509
2013	S • □	21		bilities (Part X, line 26)	(<u> </u>
ಪ್	No.	22		ets or fund balances Subtract line 21 from line 20	145,869	23,509
	Pa			nature Block		
				y, I declare that I have examined this return, including accompanying schedules and statements, ar ect, and complete Declaration of preparer (other than officer) is based on all information of which pr		lge
_			100,000	The same of the sa	cparer has any knowledge	
	Sig			Signature of officer	Date	
l	Her	е		CHRISTOPHER MABE, PRESIDENT	41	a7/2013
			🕴	Type or print name and title	<u> </u>	<u>v. (* 10</u>
-			Prin	t/Type preparer's name Preparer's signature	Date	PTIN
ı	Paid	d		(D) 100	Check	ıf
		parer	Jes	se Hemphill sepac m Hemphill	4/24/2013 self-en	ployed P00801993
		Only		h's name ► Hemphill & Associates, Inc.	Firm's EIN ► 31-	1345005
_				r's address ► 471 East Broad Street, Suite 1800, Columbus, OH 43215	Phone no (61	<u>4) 461-6110</u>
Ī	May	the IF	S discus	s this return with the preparer shown above? (see instructions)		Yes X No
_	_					

	990 (2012) OCSEA AFSCME LOCAL 11 Political Action Fund	45-0469687 Page 2
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	<u></u>
1	Briefly describe the organization's mission The OCSEA Political Action Comittee is an unicorporated non-profit committee organized and operated polymers of making endorsements to influence or attempt to influence the selection, nomination, election or appoint to public office and the passage or non-passage of initiative petitions and legislation.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Reve The OCSEA Political Action Committee is an unicorporated non-profit committee organized and operated primarily for the purpose of making expenditures and endorsements to influence or attempt to influence the selection, nomination, selection or appointment of individuals to public office and the passage or non-passage of initiative petitions and legislation	
4b	(Code) (Expenses \$ including grants of \$) (Reve	
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ 0) (Revenue \$	0)
4e	Total program service expenses ► 0	

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation? If "Yes," complete Schedule B. Schedule G. Centributors (see instructions?) 2 is the organization required to complete Schedule B. Schedule G. Centributors (see instructions?) 3 is a section of (c) (c) organization and organization region and organization as constitutions. Did the organization described in the constitution of t				res	NO
2 Is the organization required to complete <i>Schedule of Contributors</i> (see instructions)? 2 In the organization engage in direct or indirect political camage and advises on behalf of or in opposition to candidates for public office? (If "Yes," complete Schedule C, Part II 3 X 4 Section 501(G)3 organizations. Dut the organization engage in lobburg activities, or have a section 501(h) election in effect during the tax year? (If "Yes," complete Schedule C, Part III 5 Is the organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Newmore Procedure 88-19" (If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historical advances or structures? (If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? (If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, or other similar assests? (If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, line 21, for escrive or custodral account liability, serve as a custodral nor amount an amount for provide credit counseling, debt management, credit frequir, or debt negotiation services? (If "Yes," complete Schedule D, Part V 10 Did the organization services? (If "Yes," complete Schedule D, Part VIII 11 Did the organization services for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments; (If "Yes," complete Schedule D, Part VIII 11 Did the organization separatin	1		1		x
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part II 5 Is the organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of arth, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization amount on the state of the	2	·			
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6 Dd the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical read areas, or historic structures? If "Yes," complete Schedule D, Part II 8 8 X 1 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 8 X 1 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 1 10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 1 1 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1 1 If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II 1 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II 1 Did the organization separate, included in financial statements for the tax year? If "Yes," and If the organization asserted "No" in Ima 12 at their completes Schedule D, Part X II 1 Did the organization asserted "No" in Ima 12 at their completes Schedule D, Part X II 1 Did the organization asserted "No" in Ima 12 at their completes Schedule D, Part X II 1 Did the organization asserted "No" in Ima 12 at their completes Schedule D, P	5				
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Schedule D, Part VI. b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII so optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E is 3.3 X and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E is 3.3 X and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E is 3.3 X and if the organization and in the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E is 3.4 X and XII so optional is 3.4 X and 3.4 X	11				
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If "Yes," complete Schedule G, Part III			18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19				
		•	_		
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			\vdash		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25 .	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	256		_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	25b		_X_
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	120		<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 24		
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		_ <u>×</u> _
32	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J		- ^-
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	<u> </u>		<u> </u>
•	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			_
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		'	1
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

Form 990 (2012)

Enter the number reported in Box 3 of Form 1096 Enter-0-if not applicable Diter the number of Forms W-2G included in line 1a Enter-0-if not applicable Diter or on the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the cellatedry year ending with or within the year covered by this return It is a tleast one is reported on line 2a, did the organization file all required dedoral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 1b If "Yes," has a filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 1b If "Yes," share filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 1b If "Yes," share filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 1c If "Yes," the share of the foreign country (such as a bank account, securities account, or other financel account in a foreign country (such as a bank account, securities account, or other financel account)? 1c If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 02-21, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax sheller transaction? 1c If "Yes," to line Su or 5b, did the organization file file was or is a purty to a prohibited as sheller transaction? 1c If "Yes," to line Su or 5b, did the organization file form 10 F 02-21, Report of Foreign Bank and Financial Accounts. Was the organization in an include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 1c If "Yes," did the organization notify the dorson or divised funds and sectio	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			\Box
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c Enter the amount of reserves on hand					
14a Did the organization receive any payments for indoor tanning services during the tax year?	c				
		— · · · · · · · · · · · · · · · · · · ·	14a		X
w in too, has a mod a commet to to report those payments. If two, provide an explanation in somedule O [140]	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	\vdash	 ^

Part VI

Sect	ion A. Governing Body and Management				
4-	Fater the number of vating members of the gave-see had a state and of the second	4-	,	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or		<u>/</u>		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
.		4h	7		
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relations	1b	<u>'</u>		
2	any other officer, director, trustee, or key employee?	inp with	2		Х
3	Did the organization delegate control over management duties customarily performed by or under	bo direct			<u> </u>
,	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	·	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		x
6	Did the organization become aware during the year of a significant diversion of the organization's a	33613	6	X	<u>^</u>
7a	Did the organization have members of stockholders, or other persons who had the power to elect or	annoint	•	$\widehat{}$	
, u	one or more members of the governing body?	арропп	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, , ,	/ a		
	stockholders, or persons other than the governing body?	•	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken		715		$\hat{}$
Ŭ	the year by the following.	rading			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.	}	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	_ X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a			12a		_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		_X_
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation.	and decision?	4.5		V
a	The organization's CEO, Executive Director, or top management official.	•	15a		
b	Other officers or key employees of the organization		15b		Х
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	40-		~
h	with a taxable entity during the year?	oto ito	16a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements? .	jualu	16b		
Sect	ion C. Disclosure		נוטו		Ь
<u>3ect</u> 17	List the states with which a copy of this Form 990 is required to be filed OH				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99)-T (Section 501/c)/	3)s only	 /\	
	available for public inspection. Indicate how you made these available. Check all that apply.	. (00000011001(0)(0	<i>-,</i> 0 0111	,	
		plaın ın Schedule O)		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,				
	policy, and financial statements available to the public during the tax year.	SS. A. O. II NOTOSE			
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the			
	organization ► EMERALD HERNANDEZ	(614) 865-2	644		
	390 WORTHINGTON ROAD, WESTERVILLE, OH 43082				

Form 990 (2012)	OCSEA AFSCME LOCAL 11 Political Action Fund	45-0469687	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	sated	
	Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII		. 🔲
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	inployee (ey employee) (ey employee) (include a control of the con			than o	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) TIM ROBERTS	0 50									
TRUSTEE	0 00	X			L					
(2) ROBERT VALENTINE	0 50									
TRUSTEE	0 00		<u> </u>							
(3) LAWRENCE MCKISSIC	0 50							į		
TRUSTEE	0 00	X								
(4) MAL COREY	0 50									
TRUSTEE	0 00		L							
(5) RON ALEXANDER	0 50			l				i		
TRUSTEE	0.00	X	L.,							_
(6) DENISE REED	0.50	İ								
TRUSTEE	0.00	X		Ŀ						_
(8)										
(9)										
(10)										
(11)										
(12)										-
(13)										
(14)										

P	(A) Name and title	(B) Average hours per	(do r box, office	not ch unles	Pos neck ss pe d a d	C) sition more rson irecti	than o	one n an ee)	(D) Reportable compensation	(E) Reportable compensation from related		(I Estin	=) nated unt of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	and n	nsation the zation
(15)											\uparrow		
(16)													
(17)				-						•			
(18)													
(19)													
(20)											-		
(21)													
(22)													
(23)													
(24)													
(25)													<u> </u>
1b c	Sub-total	ection A						>	0		0		0
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not lireportable compensation from the organization		sted a		e) v	vho	recei	ved	0 I more than \$100	,000 of	0		0
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>				loye	e, c	r higi	hes	t compensated			3 Y	es No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	of reportable con	npens	satio					•	h		4	l x
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									ridual		5	V
Sec	tion B. Independent Contractors	es, complete st	,,,euc	iie J	101	Suc	n per	301	· · · ·			3	<u> </u>
1	Complete this table for your five highest compecompensation from the organization Report coyear										n's ta	x	
	(A) Name and business add	lress							(B) Description of ser	vices	Co	(C) mpensat	ion
None													0
								<u> </u>					0
		. .	_					\vdash					0
													0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	tho	se l	ıste	d abo	ve)	who received				

Par	t VIII					5			
		Check if Schedule O contains	a response to	o any	y question in this				·
						(A) Total revenue	(B) Related or	(C) Unrelated	(D)
						rotal revenue	exempt	business	Revenue excluded from
							function	revenue	tax under sections
		_	· ·				revenue		512, 513, or 514
ts ts	1a	Federated campaigns	—	la	0				
Grants	b	Membership dues	<u> </u>	lb	0				
ons, Gifts, Grants Similar Amounts	С	Fundraising events .	1	lc	0				
Gifts, ilar Ar	d	Related organizations	<u> </u>	ld	0				
ıs, (е	Government grants (contribution		le	0				
ıtıoı er S	f	All other contributions, gifts, gran	its, and						
rib. Oth		similar amounts not included abo	ove 1	1f	170,395				
Contributions, and Other Sim	g	Noncash contributions included in I	ines 1a-1f [.]	\$	0				
O 8	h	Total. Add lines 1a-1f			>	170,395			
e				L	Business Code				
Program Service Revenue	2a					0			
Re	b					0			
ice.	C					0	·		•
Ser.	d					0			
Ē	е					0			
ogra	f	All other program service revenu			-	0			•
Pre	g	Total. Add lines 2a-2f .		. –	. ▶	0			
	3	Investment income (including div	idends, interes	st, ar	nd				
		other similar amounts) .			. ▶ [0			
	4	Income from investment of tax-e	xempt bond pr	ocee	eds. 🕨 🗌	0			
	5	Royalties			▶	0			
			(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			>	0			-
	7a	Gross amount from sales of	(ı) Secunties		(II) Other				
		assets other than inventory		0	0				
	b	Less: cost or other basis							
		and sales expenses		o	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .				0			
				Г					
ne	8a	Gross income from fundraising							
eu		events (not including \$	0	- 1					
é		of contributions reported on line	1c)						
<u> </u>		See Part IV, line 18	•	a	0				
Other Reven	ь	Less. direct expenses		ьГ	0				
0		Net income or (loss) from fundra	ising events.	_	. ▶	0			
		Gross income from gaming activ							
		See Part IV, line 19		a	0				
	ь	Less direct expenses .		ьГ	0				
	С	Net income or (loss) from gamin	activities	· _	. ▶	0			_
		Gross sales of inventory, less	9	Ė		· ·			
				a	0				
	b	Less: cost of goods sold		<u>Б</u> -	0				
		Net income or (loss) from sales		- С		0			
	⊢ Ŭ	Miscellaneous Revenue	or intectiony	亡	Business Code	U			
	11a			\dashv		0			
	''a				+	0			
	c					0		-	
	ď	All other revenue		<u> </u>		0			
	e	Total. Add lines 11a–11d				0			
	12	Total revenue. See instructions	•		·	170,395	0	0	
					1	110.030	U		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations

Secu	on 50 (c)(5) and 50 (c)(4) organizations must complete all t			orinbiere commit (M	<u> </u>					
	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21	0	_							
2	Grants and other assistance to individuals in the									
	United States See Part IV, line 22	0								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	0								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	0								
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes .	0			-					
11	Fees for services (non-employees).									
a	Management	0								
b	Legal	0								
C	Accounting .	0			,					
d	Lobbying . Professional fundressing consists. See Bert IV. line 17	0								
e	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	U								
g	Other (If line 11g amount exceeds 10% of line 25, column	اه								
12	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion	0								
13	Office expenses	0								
14	Information technology	Ö								
15	Royalties	0								
16	Occupancy	0			-					
17	Travel	0								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	ol								
19	Conferences, conventions, and meetings	o								
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	0	0	0	0					
23	Insurance	0								
24	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Contributions	292,755								
b	***************************************	0								
C		0								
d		0								
е	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24e .	292,755	0	0	0					
26	Joint costs. Complete this line only if the]					
	organization reported in column (B) joint costs				1					
	from a combined educational campaign and									
	fundraising solicitation Check here									
	following SOP 98-2 (ASC 958-720)	<u> </u>								

45-0469687

Pa	art X	Balance Sheet				
		Check if Schedule O contains a response to	any question in this Part X			🔲
_				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		145,869	1	23,509
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net .	0	3	0	
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensation				
		Complete Part II of Schedule L .			5	
	6	Loans and other receivables from other disqualified person	ns (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary en				
ets.		organizations (see instructions) Complete Part II of Sche	dule L		6	
Assets	7	Notes and loans receivable, net .		0	_ 7	0
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges .			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 0			
	b	Less. accumulated depreciation	10b 0	0		0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	11	0	12	0
	13	Investments—program-related. See Part IV, line	: 11	0	13	0
	14	Intangible assets.	•	0	14	0
	15	Other assets. See Part IV, line 11	• •	0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	145,869	16	23,509
	17	Accounts payable and accrued expenses	•		17	
	18	Grants payable			18	
	19	Deferred revenue	•		19	
	20	Tax-exempt bond liabilities	· · · · ·		20	
	21	Escrow or custodial account liability Complete I			21	
Liabilities	22	Loans and other payables to current and former				
Ĕ	1	trustees, key employees, highest compensated				
ia		disqualified persons. Complete Part II of Schedu			22	
_	23	Secured mortgages and notes payable to unrela	•	0	23	0
	24	Unsecured notes and loans payable to unrelate		0	24	<u> </u>
	25	Other liabilities (including federal income tax, pa				
	İ	parties, and other liabilities not included on lines Part X of Schedule D	17-24) Complete	0	25	0
	26	Total liabilities. Add lines 17 through 25		0	26	0
			N abadabaaa 🔊 💟 aad	Ü		· · · · · · · · · · · · · · · · · · ·
S		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 ar				
Š			iu 54.	145,000	07	00.500
ala	27	Unrestricted net assets		145,869		23,509
B	28	Temporarily restricted net assets	• • •		28	_
Š	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (ASC958),	check here ► and			
0		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			31	
et	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33		• •	145,869		23,509
	34	Total liabilities and net assets/fund balances		145,869	34	23,509

FOITH 8	950 (2012) OCSEA AFSCIVIE LOCAL TT PONICAI ACTION FUND		<u>3-0409067</u>	raye) <u>L</u>
<u>Part</u>	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		170,	395
2	Total expenses (must equal Part IX, column (A), line 25)	2		292,	755
3	Revenue less expenses Subtract line 2 from line 1	3		-122,	360
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		145,	869
5	Net unrealized gains (losses) on investments	5		_	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-	23,	509
Part				_	_
	Check if Schedule O contains a response to any question in this Part XII			. L	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		20	~	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Vu	the Single Audit Act and OMB Circular A-133?		3a	ļ	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	-	
			Form	90 (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the	organization answered "	res," to Form 990, Part IV, line 5 (Pro	(y Tax) or Form 99	0-EZ, Part V, line 35c (P	roxy Tax), then
		rganizations Complete Part III	·		
	e of organization			Emp	loyer identification number
_	SEA AFSCME LOCAL 11 F				45-0469687
		he organization is exempt und			27 organization.
1		he organization's direct and indirect p	olitical campaign a	activities in Part IV	
2	Political expenditures	• • •			\$ 292,755
3	Volunteer hours	•		•	
Pa	rt I-B Complete if t	he organization is exempt und	ler section 501	(c)(3).	
1		excise tax incurred by the organization			\$
2	- -	excise tax incurred by organization m		ction 4955 .	\$
3	•	ed a section 4955 tax, did it file Form	-	-	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	·			
		the organization is exempt und	ler section 501	c), except section	501(c)(3).
1		expended by the filing organization f			(-)(-)(-)
•	activities .	onponent a, and ming organization			\$
2	Enter the amount of the f	iling organization's funds contributed	to other organizati	ons	*
	for section 527 exempt fu				· \$
3	·	penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POL,	
	line 17b	• • • • • •		. · · · . •	· \$ 0
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
5	= =	ses and employer identification numb	er (EIN) of all sect	ion 527 political organia	zations to which the filing
		ents For each organization listed, en			
		ntributions received that were prompt			
	as a separate segregated	fund or a political action committee	(PAC). If additiona	I space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
(1)					
		- .			
(2)			1		
			<u> </u>		
(3)			1		
					
(4)					
(5)					
					
(6)			l		

3011	edule 0 (1 dilii 330 di 330-LZ) 2012					Page Z
Ρ	art II-A Complete if the organizate under section 501(h)).	tion is exe	mpt under section 5	01(c)(3) and filed	d Form 5768 (ele	
	Check ▶ if the filing organization	belongs to	an affiliated group (a	nd list in Part IV	each affiliated gro	up member's
	name, address, EIN, ex	-	- · ·			•
В	Check ▶ if the filing organization					
_	Limits on Lo			· · · · · · · · · · · · · · · · · · ·		(b) Affiliated
	(The term "expenditures"				(a) Filing organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinio	n (grass roots lobbying)			0
b	Total lobbying expenditures to influence a	a legislative	body (direct lobbying)			0
C	Total lobbying expenditures (add lines 1a	and 1b)			0	0
d	Other exempt purpose expenditures	•				0
е	Total exempt purpose expenditures (add	lines 1c and	1d)		0	0
f	Lobbying nontaxable amount Enter the a	amount from	the following table in bot	h		
_	columns				0	0
	If the amount on line 1e, column (a) or (b)	is: The lo	bbying nontaxable amou	ınt is:		
ĺ	Not over \$500,000	20% o	f the amount on line 1e			
[Over \$500,000 but not over \$1,000,000	\$100,0	000 plus 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		000 plus 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	\$225,0	000 plus 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000	•			
g	Grassroots nontaxable amount (enter 25)				0	0
h	Subtract line 1g from line 1a If zero or le				0	0
i	Subtract line 1f from line 1c If zero or les				0	0
j	If there is an amount other than zero on e	either line 1h	or line 1i, did the organiz	zatıon file Form 472	0 reporting	
	section 4911 tax for this year?.		•	•	•	Yes No
	(Some organizations tha	it made a se	aging Period Under Section 501(h) election do instructions for lines 2	not have to comp		
	Lobb	ying Expen	ditures During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount		0	0	0	0
_b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures		0	0	0	0
d	Grassroots nontaxable amount		0	0	0	0
<u>e</u>	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures					_

Schedule C (Form 990 or 990-EZ) 2012

0

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 5768
For a	ach "Ves	"response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
	e lobbying	· · ·	Yes	No	Amount
1	-	e year, did the filing organization attempt to influence foreign, national, state or local			
	-	, including any attempt to influence public opinion on a legislative matter or			
		m, through the use of			
а	Volunteer				
b		or management (include compensation in expenses reported on lines 1c through 1i)?			
C		vertisements?			
d		o members, legislators, or the public?			
e		ns, or published or broadcast statements?			_
f		other organizations for lobbying purposes?			
g h		emonstrations, seminars, conventions, speeches, lectures, or any similar means? .			
":	Other act	· · · · · · · · · · · · · · · · · · ·			
i		I lines 1c through 1i			0
2a		ctivities in line 1 cause the organization to be not described in section 501(c)(3)?			Ů
b		nter the amount of any tax incurred under section 4912			
c		nter the amount of any tax incurred by organization managers under section 4912			
		g organization incurred a section 4912 tax, did it file Form 4720 for this year?			
		Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	or s	ection
		501(c)(6).	-/(-/		
					Yes No
1	Were sub	stantially all (90% or more) dues received nondeductible by members?			1
2		ganization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the or	ganization agree to carry over lobbying and political expenditures from the prior year?			3
Part		Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."			
1		sessments and similar amounts from members		1	
2		62(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).			
а	-	ear		2a	
b	Carryove	from last year		2b	
С	Total .		•	2c	0
3		e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4		were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
		besithe organization agree to carryover to the reasonable estimate of nondeductible			
_		and political expenditure next year?		5	
5		mount of lobbying and political expenditures (see instructions)		ן ס	0
Part		pplemental Information	4 11 A	/ _ 66 1 4	
		art to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Par ie 2, and Part II-B, line 1 Also, complete this part for any additional information	t II-A I	ammat	ea group
		Aailings and phone calls to our membership encouraging them to get out and vote			
raiti	-A LINE I I	namings and phone cans to our membership encouraging them to get out and vote			· · · · · · · · · · · · · · · · · · ·
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OCSEA, AFSCME LOCAL 11 Political Action Fund Schedule C (Form 990 or 990-EZ) 2012 Part IV Supplemental Information (continued) 45-0469687	Page 4
Part IV Supplemental Information (continued)	
·	

SCHEDULE_D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

Employer identification number

<u>ocs</u>	EA AFSCME LOCAL 11 Political Action Fund		45-0469687
Par	Organizations Maintaining Don	or Advised Funds or Other Similar I	Funds or Accounts. Complete if
	the organization answered "Yes" t	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		· -
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	in donor advised
•	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
٠	used only for charitable purposes and not for		
	purpose conferring impermissible private ben		Yes No
Par	Conservation Easements. Comp	olete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held to	by the organization (check all that apply)	
	Preservation of land for public use (e.g., recr	eation or education) Preservatio	n of an historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
		i reservatio	n or a contined motorio structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	tion held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation ease		2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements included	• • •	
	historic structure listed in the National Regist		2d
3	Number of conservation easements modified	, transferred, released, extinguished, or ter	minated by the organization
	during the tax year		
4	Number of states where property subject to o		
5	Does the organization have a written policy re		F1
	violations, and enforcement of the conservati		Yes Mo
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	easements during the year
	·		
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ease	ements during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	•	. L Yes L No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the	text of the footnote to the organization's fin	ancial statements that describes
	the organization's accounting for conservation		
Par		ns of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the tex	·	
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		
	of public service, provide the following amount		aon, or research in future affec
			▶ €
	(i) Revenues included in Form 990, Part VIII	, iiile i .	> \$
_	(ii) Assets included in Form 990, Part X		. • • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of		- ,
	following amounts required to be reported un		items:
а	Revenues included in Form 990, Part VIII, lin	e1	▶ \$
b	Assets included in Form 990, Part X		▶ \$

Part III	Sched	ule D (Form 990) 2012 OCSEA AFSCME LOCAI	L 11 Political Action Fu	nd		45-0469687	Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply) a Public exhibition	Part	III Organizations Maintaining Colle	ections of Art, Hist	orical Treasures	or Other Simil	ar Assets (co	ntinued)
b Scholarly research C Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition, accession	on, and other records,				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 2art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9 or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization and part XIII and complete the following table. 2 Beginning balance 3 Additions during the year 4 Ending balance 5 Did the organization include an amount on Form 990, Part X, line 21? 2 In If I I I I I I I I I I I I I I I I I	а		d 🗌	Loan or exchang	ge programs		
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 2art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9 or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization and part XIII and complete the following table. 2 Beginning balance 3 Additions during the year 4 Ending balance 5 Did the organization include an amount on Form 990, Part X, line 21? 2 In If I I I I I I I I I I I I I I I I I	b	Scholarly research	e 🗀	Other			
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Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table. Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Contributions Net investment earnings, gains, and losses G Grants or scholarships f Administrative expenses. g End of year balance. O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Provide a description of the organization's co	illections and explain h	ow they further the c	organization's exer	npt purpose in	
IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year Ending balance 2a Distributions during the year f Ending balance 2b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10. Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10. C Net investment earrangs, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses. g End of year balance D Frowde the estimated percentage of the current year end balance (line 1g, column (a)) held as and programs Administrative expenses in lines 2a, 2b, and 2c should equal 100%. The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (ive the endowment funds not in the possession of the organization that are held and administered for the organization by. (ii) unrelated organizations (iii) related organizations (ive the endowment funds are not in the possession of the organization that are held and administered for the organization by. (ive the endowment funds are not in the possession of the organization that are held and administered for the organization by. (ive the endowment funds are not in the possession of the organization that are held and administered for the organization by. (ive the related organizations (ive the related organizat	5						′es 🔲 No
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b f Yes," explain the arrangement in Part XIII and complete the following table. Amount 1c	1a	Is the organization an agent, trustee, custodi	an or other intermediar	y for contributions of	r other assets not		_
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Board designated or quasi-endowment b Permanent endowment C Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (investment) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book valuation depreciation tall Land Land Land Land Land Land Land O O O Leasehold improvements O O O O Leasehold improvements	g	End of year balance	0	0	0	0	(
b Permanent endowment C Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describtion of property (a) Cost or other basis (b) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value of the passis (other) (d) Book value of the passis (other) (e) Accumulated depreciation (f) Book value of the passis (other) (g) Cost or other basis (other) (g) Accumulated depreciation (g) Book value of the passis (other) (g) Accumulated depreciation (g) Book value of the passis (other) (g) Accumulated depreciation (g) Book value of the passis (other) (g) Book value of the passis	2	Provide the estimated percentage of the curr	ent year end balance (line 1g, column (a))	held as		
Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) Describe in Part XIII the intended uses of the organization's endowment funds Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 0 0 0 Leasehold improvements 0 0 0 0 0 0 0 0 0 0 0 0 0	а	Board designated or quasi-endowment	▶ %				
The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations	b	Permanent endowment	<u>%</u>				
Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) unrelated organizations	С						
Organization by. Yes (i) Unrelated organizations 3a(i) (ii) related organizations 3a(ii) (iii) related organizations 3a(iii) (iii) related organizations 3a(iii) (iii) related organizations 3a(iii) (iii) (iii) related organizations 1sted as required on Schedule R? 3b (iii) (_						
(i) unrelated organizations	3a		ssion of the organization	on that are held and	administered for th	1e	Van Na
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book valuations (d) Book valuations (e) Cost or other basis (other) (o) Accumulated depreciation (d) Book valuations (d) Book valuations (e) Cost or other basis (other) (f) Cost or other basis (other) (g) Cost or other basis (other) (h) Book valuations (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Book valuations (h) Cost or other basis (other) (h) Book valuations (h) Cost or other basis (other) (h) Book valuations (h) Cost or other basis (other) (h) Book valuations (h) Book valua						200	
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value of the part XIII the intended uses of the organization's endowment funds (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value of the part XIII the intended uses of the organization's endowment funds (d) Book value of the part XIII the intended uses of the organization's endowment funds			•	•	•		
Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) Description of property (c) Accumulated depreciation (d) Book value of the pass (other) Description of property (a) Cost or other basis (other) Description of property (b) Cost or other basis (other) Description of property (c) Accumulated depreciation Description of property (d) Book value of the pass (other) Description of property D	h	• •	e listed as required on	Schedule R2			+ + -
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land	⊿					<u> </u>	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 1a Land	⊃ Part				-		
1a Land	ıaıı		(a) Cost or other basis	(b) Cost or other			Book value
b Buildings	10	Land	<u> </u>	ł			
c Leasehold improvements 0 0 0						0	
		-					(
	d	Equipment			0	0	 -

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Other

0

Part VII Investments—Other Securities	es. See Form 990, Part X,	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial derivatives .	0		
(2) Closely-held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)	· · · · · · · · · · · · · · · · · · ·		
(I)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Relate	-		-
(a) Description of investment type	(b) Book value	(c) Method of va	
(1)		Cost or end-of-year n	narket value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets. See Form 990, I	•		#15 t t
) Description		(b) Book value
(1)			
(2)			
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co.		<u> </u>	0
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11)	· · · · · · · · · · · · · · · · · · ·		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	0		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of	the footnote to the organization's fi	nancial statements that reports the organization	anization's liability
for uncertain tax positions under FIN 48 (ASC 740). Check her			´ 🔲

Sched	ule D (Form 990) 2012 OCSEA AFSCME LOCAL 11 Political Action Fund			45-0469687	Page 4
Par	Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements .			1	170,395
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	1		
b	Donated services and use of facilities .	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	170,395
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	170,395
Par	Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses	er Return	
1	Total expenses and losses per audited financial statements .			1	292,755
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		•	2e	0
3	Subtract line 2e from line 1			3	292,755
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:]		-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	292,755
Par	t XIII Supplemental Information			•	•
Part '	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also ional information				d 2b,

Schedule D (Form 990) 2012		<u>45-0469687</u>	Page 5
Part XIII Supp	lemental Information (continued)		
	•		
	······································		

SCHEDULĘ O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

OCSEA AFSCME LOCAL 11 Political Action Fund	45-0469687
Form 990 Part VI Section B Line 11 THE PAC WAS PROVIDED TO THE COMMITTEE MEMERS	AT THE APRIL
19, 2013 GOVERNMENTAL AFFAIRS COMMITTEE MEETING AT WHICH TIME THE FORM WA	AS REVIEWED BY
MEMBERS	
Form 990 Part VI Section C Line 19 VARIOUS GOVERNING DOCUMENTS ARE MADE AVAILAL	BLE TO THE
PUBLIC UPON REQUEST.	
	·
	·
	
	·

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
OCSEA AFSCME LOCAL 11 Political Action Fund	45-0469687
·	
••••••	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

See separate instructions

201 2 .	Open to Public	

OMB No 1545-0047

Inspection Employer identification number

Attach to Form 990.

45-0469687

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) Partl

OCSEA AFSCME LOCAL 11 Political Action Fund

Department of the Treasury Internal Revenue Service Name of the organization

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	guillo
(1)								
(2)	(2)							
(3)								
(4)	(4)							
(5)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the org	janization an	swered "Yes'	to Form 990, I	Part IV, line 34 b	ecause it h	ad

one or more related tax-exempt organizations d	during the tax year.)						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled ?
						Yes	ş
(1) Union Benefits Trust 31-6471095							
390 Worthington road, Suite B Westerville, OH 43082-8331	Insurance Benefits	ОН	501C(9)		NA		×
(2) Union Education Trust 65-1283930							
390 Worthington Road Westerville, OH 43082-8331	Education Benefits	ОН	501C(9)		NA		×
(3) OCSEA 31-6044189							
390 Worthington Road Westerville, OH 43082-8331	Member Services	ОН	501C(5)		NA		×
(4)							
(5)							
(9)							
(2)							

Schedule R (Form 990) 2012

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Itcal Action Fund	dentification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34	because it had one or more related organizations treated as a partnership during the tax year.)	(1) (1) (1) (2) (3) (4)
LOCAL 11 Political Action Fund	Taxable as a P	zations treated	(5)
OCSEA AFSCME LOCA	Related Organizations	e or more related organı	(a)
orm 990) 2012	Identification of	because it had on	(a)

(a) Name, address, and EIN of related organization	(a) (b) (c) (c) (diress, and EIN of Primary activity Legal d organization (state of foreign of foreign of foreign of the control of the contr		(d) (e) (f) Direct controlling Predominant Share of total income (related, unrelated, excluded from	(e) Predominant income (related, unrelated, excluded from	ninant Sh related, ated, of from	J	(g) Share of end-of- year assets	(h) Disproportonate allocations?	() Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) Ceneral or managing partner?		(k) Percentage · ownerskip
		country)		tax under sections 512-514)	nder 512-514)			014		25	- 4	
(1)												
(2)												
(3)											<u> </u>	
(4)												
(5)												
(9)											-	
(2)												
Part IV Identification of I	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ons Taxable related orga	as a Corpor	ation or 1	rust (Comportion	plete if the or trust du	organization	n answei year.)	red "Yes" to F	orm 990,	Part	
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	Legal d (State or for	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	entity Shar		(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?) 12(b)(13) olled ty?
											Yes	No
(1)												
(2)					l l							
(3)								-				
(4)												
(5)			_									
(9)												
(7)												
									Sc	Schedule R (Form 990) 2012	orm 990) 2012

Page 3

45-04	rt IV, line 34, 35b, or 36.)
	red "Yes" to Form 990, Pa
-und	ed Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)
CME LOCAL 11 Political Action Fund	Organizations (Complete
OCSEA AFSCN	tions With Related
Schedule R (Form 990) 2012	Part V Transac

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	organizations listed in	Parts II–IV?		
			1 a	•×
b Gift, grant, or capital contribution to related organization(s).			1 p	×
c Gift, grant, or capital contribution from related organization(s)	•	٠	10	×
d Loans or loan guarantees to or for related organization(s)			1d	×
e Loans or loan guarantees by related organization(s).	,		1e	×
				:
f Dividends from related organization(s)		•	1,	×
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s)	٠		1h	×
i Exchange of assets with related organization(s)			1i	×
j Lease of facilities, equipment, or other assets to related organization(s)			11	×
k Lease of facilities, equipment, or other assets from related organization(s).			1k	×
l Performance of services or membership or fundraising solicitations for related organization(s)			1	×
m Performance of services or membership or fundraising solicitations by related organization(s)			£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	•		1n ×	,
o Sharing of paid employees with related organization(s).			10 X	
p Reimbursement paid to related organization(s) for expenses.			1p	×
			19	×
r Other transfer of cash or property to related organization(s).			1	×
s Other transfer of cash or property from related organization(s)			18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	including covered rela	tionships and transactive	on threshold	S
(a)	(p)	(2)	(p)	
Name of other organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	ermınıng /olved
(1) OCSEA	c	254	254 See Statement 1	ant 1
(2) OCSEA	0	11,256	11, <u>2</u> 56 See Statement 2	ent 2
(3)				
(4)				
(5)				
(9)				
		Sched	Schedule R (Form 990) 2012	390) 2012

45-0469687

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) Percentage ownership	1																	Schedule R (Form 990) 2012
(I) General or managing partner?	° ×																	₹ (Form
	Yes					<u> </u>											_	edule F
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)							:											Sch
(h) Disproportionate allocations?	ş																	
Disprop	Yes																	
(g) Share of end-of-year assets																		
(f) Share of total income																		
artners ton (3)	ŝ				_													
(e) Are all partners section 501(c)(3) organizations?	Yes				-													
(d) Predominant income (related, unrelated, excluded from tax under serving 512-514)	(1.0.1)																	
(c) Legal domicile (state or foreign country)																		
(b) Primary activity																		
(a) (b) (c) (d) (e) (f) (g) (f) (g) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	

Schedule R (Form 990) 2012 OCSEA AFSCME LOCAL 11 Political Action Fund	45-0469687 Page 5
Part VII Supplemental Information Complete this part to provide additional information for responses to quinstructions).	
Part V Line 2 STATEMENT 1 THE METHOD USED TO DETERMINE THE AMOUNT OF TH	E TRANSACTION
INVOLVED IS THE PERCENT OF OFFICE SPACE AND EQUIPMENT ALLOCATION STATE	EMENT 2. THE METHOD USED
TO DETERMINE THE AMOUNT OF THE TRANSACTION INVOLVED IS THE PERCENT OF	SALARY.
Part V	